

## **APPENDIX 3**

### **3 SECTION A - VENDOR BACKGROUND**

#### ***INTRODUCTION***

The intent of the Sacramento Metropolitan Fire District is to form a long term partnership with the vendor to deliver or provide for pick up of medical supplies with the intent of forming a contract term for one year with an option for two one-year extensions. Total term of the contract shall not exceed three years.

#### ***GENERAL***

Respond to all information requested in this RFFB. Use additional sheets as necessary. Brochures and advertisements will not be accepted as a direct response to the questionnaire. A qualifying proposal must address each inquiry. Incomplete proposals may be rejected.

#### ***FORMAT***

Your response to this Vendor Questionnaire shall be organized and submitted in the format prescribed below in order to facilitate the comparison of proposals. For example, if you are replying to 3.1.1.f., indicate 3.1.1.f. next to that reply, etc.

### **3.1 VENDOR PROFILE**

#### **3.1.1 BACKGROUND**

- a) Firm name and address
- b) Founding date (month and year)
- c) Firm size – staff and client base (i.e., local, regional, statewide, etc.)
- d) Type of business: ☐ Sole Ownership ☐ Partnership ☐ Corporation
- e) Products and/or services provided.
- f) Warehouse location from which the products will be shipped to the Sacramento Metropolitan Fire District.
- g) Number of accounts – What is the number of accounts your firm has managed during the past 12 months?
- h) Identify the Account Manager and include his or her e-mail address, telephone, fax, and cellular numbers.
- i) Identify key facilities and equipment that your firm has to support the proposed agreement.
- j) List your firm's professional affiliations and accreditation. Include a copy of any applicable accreditation and/or certification with your proposal submittal.
- k) Include a copy of your firm's current business license(s) with your proposal submittal.

### **3.2 SITE EVALUATION**

- 3.2.1. The Sacramento Metropolitan Fire District may elect to complete a site visit from where the Proposer ships the products to the District.

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### **3.3. REFERENCES**

Our current purchasing volume for medical supplies is estimated to be \$750,000. Please provide three (3) customer references with similar processing volumes. It is preferable to include at least one reference that is a “first responder” organization that provides emergency services in a pre-hospital environment. For each reference please include:

- Company Name(s);
- Location;
- Contact name, title and telephone number; and
- Start date of contract
- End date of contract

### **3.4 EMERGENCY INFORMATION**

- 3.4.1 List name, telephone number, and e-mail address of person(s) that District personnel may need to contact in case of an emergency after hours, on weekends, and holidays.